

CITY OF LINCOLN, NEBRASKA
UNIT PRICE QUOTATION
GENERAL CONSTRUCTION SERVICES, 03-013

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____

FROM (CONTRACTOR): _____

PROJECT NUMBER: _____

PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

| | |
|----------------------------|--|
| Estimated Start Date | |
| Number of Days to Complete | |

LABOR COST TABLE

| CONTRACTOR | RATE | NO. HOURS | TOTAL \$ AMOUNT |
|--------------------|------|-----------|-----------------|
| Supervisor | | | |
| Carpenter | | | |
| Skilled Helper | | | |
| Laborer: | | | |
| Other | | | |
| | | | |
| TOTAL LABOR | | | |

EQUIPMENT AND MATERIAL COSTS

| ITEM | COST | % O. & P. | TOTAL \$ AMOUNT |
|-----------------------|------|-----------|-----------------|
| Total Equipment Costs | | | |
| Total Materials Cost | | | |
| Total Shipping Cost | | | |

O. & P. ON SUBCONTRACTORS COSTS

| SUB-CONTRACTOR (NAME) | COST | % O. & P. | TOTAL \$ AMOUNT |
|-----------------------|------|-----------|-----------------|
| Sub No. 1 | | | |
| Sub No. 2 | | | |
| Sub No. 3 | | | |
| Sub No. 4 | | | |
| Sub No. 5 | | | |

TOTAL PRICE (NOT TO EXCEED)

\$

FIRM: _____

BY: _____

ADDRESS: _____

Change Order #: _____

Accepted: _____

Not Accepted: _____

PHONE _____

APPROVED BY: _____

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Department/Agency Representative

DATE: _____